



Corrective / Preventive Action Plan

Control Number:		□ CPAR #:	□ CAR #:	
Date Opened:		OTHER #:		
Non-Conformance / Observation / Employee Concern:		Area/Location:		
ISO 14001 Standard:			.1	
Corrective Action/Specific	: Instructions:			
Date Closed:	Signatures			
	E.M.R .:			
aar Damutu Dinaatan				
cc: Deputy Director	Section Man	nager:		